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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

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Application Number	10/553,911
Filing Date	10/21/2005
First Named Inventor	Georges KALBERMATTEN
Title	PROCESS FOR THE RECOVERY OF
Art Unit	
Examiner Name	
Attorney Docket Number	LP-2009

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Virgil H. Marsh						23,083		
Kara M. Armstro	ong				- 10	38,234		
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The address associated with Customer Number: OR								
Firm or Individual I	Name	Fisher, Christen & Sabol						
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City		Washington		State	DC	.`	Zip 20006	
Country		United States of America						
Telephone		202 659-2000		Fax	202 659-2015			
I am the: Applicant/Inve	entor.							
		the entire interest. See 37 CFF FR 3.73(b) is enclosed. (Form						
		SIGNATURE of	Applicant or A	ssignee	of Record			
Signature	Kes	4 Eyer				Date	9. Pez. 2005	
	Kurt EYER /				Telephone			
Title and Company								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						e		
*Total of forms are submitted.								

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I hereby appoint:	-			•			
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OR OR	ļ						
Practitioner(s) named below:							
	Name			Registrati	on Numbe	r	
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Kara M. Armstrong				38,	,234		
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OR	1]		
Firm or Individual Name	Fisher, Christen & Sabol						
Address	1725 K Street NW Suite 1108						
City	Washington		State	DC		Zip 20006	
Country	United States of America						
Telephone	202 659-2000		Fax	202 659-2015			
Applicant/Inventor.							
	the entire interest. See 37 CFR	2 3.71,					
Statement under 37 C	CFR 3.73(b) is enclosed. (Form	PTO/SB/96)					
	SIGNATURE of	Applicant or A	ssignee	of Record			
Signature	in Youl (somi				Date	Dec. 05th 2005	
Name Jean-Paul RODUIT				T	elephone		
Title and Company							
NOTE: Signatures of all the invento signature is required, see below*.	ors or assignees of record of the entire	re interest or their	represen	lative(s) are required	l. Submit mu	ultiple forms if more than one	
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Firm or Individual Name	Fisher, Christen & Sabol	-						
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Country	United States of America							
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Name Alain WELLIG Telephone								
Title and Company								
NOTE: Signatures of all the inventor signature is required, see below*.	ors or assignees of record of the ent	ire interest or their	represen	tative(s) are required	d. Submit m	ultiple forms i	f more th	nan one
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	previo	ous powers of attorney give	ven in the ab	ove-id	entified a	applicat	ion.			
I hereby appoint:										
✓ Practitioners ass	Practitioners associated with the Customer Number: 000217									
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Practitioner(s) na	amed be	low:							•	
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Virgil H. Marsh						23,0	83			_
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		SIGNATURE of	Applicant or A	ssignee	of Record	1				
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